

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number TXD008950481	2. Page 1 of 1	3. Emergency Response Phone 214-789-1627	4. Manifest Tracking Number 013690902 JJK		
5. Generator's Name and Mailing Address US REGION VICES ENVIRONMENTAL 1445 ROSS AVE SUITE 1200 DALLAS TX 75202 Generator's Phone: (214) 789-1627			Generator's Site Address (if different than mailing address) US REGION VICES ENVIRONMENTAL 5804 GRIGGS ROAD HOUSTON TX 77021				
6. Transporter 1 Company Name Triad Transport			U.S. EPA ID Number OKD981588791				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address US ECOLOGY TEXAS, INC 3277 COUNTY ROAD 89 ROBSTOWN TX 76380 Facility's Phone: (800) 242-3209			U.S. EPA ID Number TXD089452340				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packaging Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. CHLORODANE, CRESOL, 9, PG III	No.	Type			
			1	CM	EST 15	T	FXG7403H D020 D023 D024 D028
14. Special Handling Instructions and Additional Information OT 24160							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's Offeror's Printed/Typed Name Warren Zehner for US EPA		Signature Warren Zehner		Month Day Year 12/4/2012			
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____				
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name Keith Haag		Signature Keith Haag		Month Day Year 12/4/14		
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name		Signature		Month Day Year		
	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number: _____						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. 2. 3. 4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name		Signature		Month Day Year			

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number TXD0008950461	2. Page 1 of 1	3. Emergency Response Phone 214-789-1627	4. Manifest Tracking Number 1013690902 JJK				
5. Generator's Name and Mailing Address US EPA REGION V-CES ENVIRONMENTAL 1445 ROSS AVE SUITE 1200 DALLAS TX 75202 Generator's Phone: (214) 789-1627			Generator's Site Address (if different than mailing address) US EPA REGION V-CES ENVIRONMENTAL 5904 GRIGGS ROAD HOUSTON TX 77021						
6. Transporter 1 Company Name Tria Transport			U.S. EPA ID Number DKD981588791						
7. Transporter 2 Company Name			U.S. EPA ID Number						
8. Designated Facility Name and Site Address U.S. ECOLOGY TEXAS, INC. 3277 COUNTY ROAD 69 ROBSTOWN TX 78360 Facility's Phone: (800) 242-3209			U.S. EPA ID Number TXD0089452340						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
			No.	Type					
	1. <del>HAZARDOUS WASTE SOLID, N.O.S. (CHLORDANE, CRESOL), 9, PG III</del>		1	CM	15	L	FXG7403H	D020	
							D023	D024	D026
14. Special Handling Instructions and Additional Information OT 24160									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offoror's Printed/Typed Name Walter Zehner			Signature Walter Zehner			Month Day Year 12/4/2014			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name Korth Hrag			Signature Korth Hrag			Month Day Year 12/4/14			
Transporter 2 Printed/Typed Name			Signature			Month Day Year			
18. Discrepancy									
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number									
Facility's Phone:									
18c. Signature of Alternate Facility (or Generator) Month Day Year									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1.		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name			Signature			Month Day Year			

## US Ecology, Inc. Land Disposal Restriction Form

USEcology, Inc.

GENERATOR: US EPA REGION VI-CES ENVIRONMENTAL EPA I.D. NUMBER: TXD008950461

WASTE STREAM or PROFILE NUMBER: 090088442

MANIFEST DOC. NO. \_\_\_\_\_

LINE NO. \_\_\_\_\_

WASTE IS A: ☐ WASTEWATER ☐ NON-WASTEWATER ☒ DEBRISNOTIFICATION FREQUENCY: ☐ ONE TIME ☐ REQUIRED WITH EACH SHIPMENT

EPA WASTE CODES (from 40 CFR 268.40) D020 D023 D024 D026 D032

UHC's (Underlying Hazardous Constituents 40 CFR 268.48)? ☒ No ☐ Yes - List: \_\_\_\_\_A. ☐ Restricted Waste Meets Treatment Standards (40 CFR 268.7(a) (3))

The restricted waste identified above meets the treatment standards in 40 CFR 268.40 or Alternative LDR treatment standards for contaminated soil 40CFR268.49 and can be landfill disposed without further treatment. I have attached all supporting analytical data, where available.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

B. ☐ Restricted Waste Treated To Treatment Standards (40 CFR 268.7(b) (1) & 268.7 (b) (2))

The treatment residue, or extract of such residue, or the restricted waste identified above has been tested to assure that the treatment residues or extract meet all applicable treatment standards in 40 CFR 268.40 and/or performance standards in 40 CFR 268.45. I have attached all supporting analytical data, where available.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

C. ☐ Restricted Waste With Technology Based Treatment Standards (40 CFR 268.7(b) (4))

I certify under penalty of law that I personally have examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that based on my inquiry of those individuals immediately responsible for obtaining this information. I believe that the treatment process has been operated and maintained properly so as to comply with the treatment standards specified in 40 CFR 268.40, without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

D. ☐ Restricted Waste Decharacterized But Requires Treatment For UHC (40 CFR 268.9)

I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic. This decharacterized waste contains Underlying Hazardous Constituents (UHC) that require further treatment to meet the universal treatment standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

E. ☐ Restricted Waste Subject To Treatment (40 CFR 268.7(a) (2))

The restricted waste identified above must be treated to the applicable treatment standards in 40 CFR 268.40, or treated to comply with applicable prohibitions set forth in Part 268.32 or RCRA Section 3004(d). I have attached all supporting analytical data, where available.

F. ☒ Hazardous Debris Subject To Treatment (40 CFR 268.45)

This hazardous debris identified above must be treated to the alternative treatment standards in 40 CFR 268.45.

G. ☐ Restricted Waste Subject To A Variance or Extension (40 CFR 268.7(a) (4))

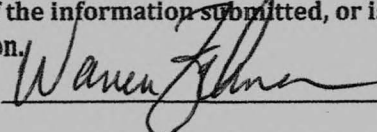
This restricted waste identified above is subject to a case by case exemption under 40 CFR 268.5, an exemption under 40 CFR 268.6 or a nationwide capacity variance under Subpart C of 40 CFR 268, and is not prohibited from land disposal. LDR prohibitions become effective on \_\_\_\_\_ (date) for this restricted waste. The corresponding treatment standard(s) are promulgated in 40 CFR 268.40. I have attached all supporting analytical data, where available.

H. ☐ Restricted Waste Managed In A "Lab Pack" (40 CFR 268.7(a) (9))

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only waste that have been excluded under appendix IV to 40 CFR Part 268 and that this lab pack will be sent to a combustion facility in compliance with the alternative treatment standards for lab packs at 40 CFR 268.42(c). I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

I certify and warrant that the information that appears on this form, and appended documents, is true and correct. I have correctly indicated how my waste is to be managed in accordance with 40 CFR 268. My certification is based on personal examination of the information submitted, or is based on my inquiries of those individuals responsible for obtaining the information.

Authorized Signature



Title

FOSC

Date

12/05/14

UHC list from 40 CFR Part 268.48 available upon request

**UNIFORM STRAIGHT BILL OF LADING**  
**Original — Not Negotiable**  
**TRIAD TRANSPORT, INC.**

P. O. Box 818 — McAlester, OK 74502

420411

TEL: 918-426-4751 800-364-1139 FAX: 918-426-2865

SPLIT: ☐ YES ☐ NO EPA ID#: OKD981588791

P. O. # \_\_\_\_\_ MANF# 013690902 LOAD # 1309338 PRO # \_\_\_\_\_ TRUCK # 1412  
TRAILER # 253

<b>ORIGIN:</b>		<b>DESTINATION:</b>	
SHIPPER	<u>CES Environmental</u>	CONSIGNEE	<u>Triad Transport</u>
STREET	<u>4904 Griggs</u>	STREET	<u>10501 Sheldon Rd.</u>
CY/ST	<u>Houston, TX</u> ZIP _____	CY/ST	<u>Sheldon TX</u> ZIP _____

NO. SHIPPING UNITS	H M	KIND OF PACKAGES DESCRIPTION OF ARTICLES (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I. D. NUMBER	PACKING GROUP	TYPE OF CONTAINER	WEIGHT SUBJECT TO CORRECTION
		<u>see manifest</u>					
		<u>OT 25160</u>					

Subject to Section 7 of Conditions of Applicable Bill of Lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

Where the applicable tariff provisions specify a limitation of the carrier's liability (NMFC Item 172), if there is no release or value declaration by the shipper, and the shipper does not declare a value or release the carrier's liability, that liability shall be limited to the extent provided by NMFC Item 172. California intrastate shipments must comply with NMFC Item 173.

\* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".  
NOTE—To obtain greater coverage for this shipment in excess of that afforded by the carrier's tariff, in addition to the requirements for obtaining excess coverage in such tariff, the shipper must enter the value of the shipment and check the box electing excess coverage.

Per \_\_\_\_\_ VALUE: \_\_\_\_\_ CHECK HERE FOR EXCESS COVERAGE: ☐

EMERGENCY CONTACT: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

	YES	NO
PLACARDS REQUIRED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PLACARDS SUPPLIED BY SHIPPER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TRIAD PLACARDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The property received in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or lawfully filed tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or lawfully filed tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

LINERS FURNISHED BY: <input type="checkbox"/> TRIAD <input type="checkbox"/> CUSTOMER	VEHICLE FURNISHED BUT NOT USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>LOADING</b>	<b>ACTION</b>	<b>UNLOADING</b>
<u>12-4-14</u> <u>1530</u>	DATE & APPOINTMENT TIME	<u>12-4-14</u> <u>1700</u>
<u>12-4-14</u> <u>1530</u>	ACTUAL ARRIVAL DATE & TIME	<u>12-4-14</u>
<u>12-4-14</u> <u>1545</u>	DETENTION END TIME	<u>12-4-14</u>

**REMINDER**

**Wear P.P.E. when needed, be sure Trailer is Clean; Observe Facility Rules;**  
**Observe Loading/Unloading & Make Accurate Count; Be sure Manifest is Accurate & Complete;**  
**Check Compatibility of Hazardous Materials-DO NOT HAUL INCOMPATIBLE MATERIALS;**  
**Secure and Weigh Load-Check Axle Weights—DO NOT HAUL OVERWEIGHT.**

**LOADING OF TRIAD EQUIPMENT IS ACKNOWLEDGEMENT OF THE ACCEPTANCE BY THE CUSTOMER OF THE TERMS AND CONDITIONS PROVIDED ON THE SHIPMENT CONFIRMATION.**

Equipment Condition: \_\_\_\_\_  
Shipper per [Signature] Date 12-4-2014 Consignee per \_\_\_\_\_ Date \_\_\_\_\_  
Carrier per [Signature] Date 12-4-14 Print Name: Keith Haag  
Work requested outside scope of Standard Operating Procedure: \_\_\_\_\_

Person Requesting Work: (SIGNATURE) \_\_\_\_\_ Date \_\_\_\_\_

ORIGINAL (WHITE) - TRIAD

YELLOW - SHIPPER

PINK - CONSIGNEE

GOLDENROD - DRIVER